

**THE CATHOLIC PARISH OF HASTINGS
GIFTING CARD**

Name/s: **Community**
 Sacred Heart
 St Peter Chanel
Address: Our Lady of Lourdes
 Immaculate Conception
Phone:
 Email address.....

Financial Support

Existing Giver: Y/N

I/We will endeavour to give
 Weekly \$.....
 Two Weekly \$.....
 Monthly \$.....
 Annually \$..... month

Method of Giving:
 Envelopes
 Automatic Payment
 Internet banking

Time and Talents

I wish to contribute my
 Time and Talent

Reader	<input type="checkbox"/>
Greeter	<input type="checkbox"/>
Usher	<input type="checkbox"/>
Minister of Holy Communion	<input type="checkbox"/>
Minister to sick	<input type="checkbox"/>
Bereavement Group	<input type="checkbox"/>
Childrens Liturgy	<input type="checkbox"/>
Church cleaner	<input type="checkbox"/>
Gardening	<input type="checkbox"/>
Working with the youth	<input type="checkbox"/>
Singing Group	<input type="checkbox"/>
Musician	<input type="checkbox"/>
Flowers	<input type="checkbox"/>
Other.....	<input type="checkbox"/>
Other.....	<input type="checkbox"/>